



California Automated Travel Expense Reimbursement System

CalATERS GLOBAL

Signature Authorization

A Signature Authorization form must be submitted for department representatives authorized to sign and submit department administrative forms on behalf of the department. Department administrative forms include the following:

- Privilege Request
- Help Desk Contacts
- ORF Reimbursement
- Table Submission
- System Authorization

Department administrative forms must be signed by an authorized department representative. Forms will only be processed when a Signature Authorization form is on file with the State Controller's Office, CalATERS Global Unit.

Mail completed and signed Signature Authorization forms to:

STATE CONTROLLER'S OFFICE
Personnel/Payroll Services Division
PO BOX 942850
Sacramento, California 94250-5878

Attn: CalATERS Global Unit

Deliver completed and signed Signature Authorization forms to:

STATE CONTROLLER'S OFFICE
CalATERS Global Unit
300 Capitol Mall, Room 518
Sacramento, California 95814



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Signature Authorization

Department Name: _____

UCM Organization Code: _____

Action (Add/Delete)	
Effective Date	
Name of Department Representative	
Title	
Signature	

Department representative is authorized to sign the following forms:

- ☐ Privilege Request
- ☐ Help Desk Contacts
- ☐ ORF Reimbursement
- ☐ Table Submission
- ☐ System Authorization

Accounting Administrator (Print Name):: _____

Signature: _____

Date: _____